

DIFFERENCES IN DECISION - MAKING INTERACTIONS OF
COUPLES WITH PROBLEM OR COMPETENT CHILDREN

Dissertation for the Degree of Ph. D.

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1976



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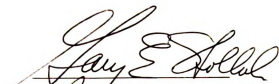
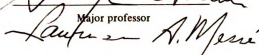
Differences in Decision-Making Interactions
of Couples With Problem or Competent Children

presented by

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ABSTRACT

Differences in Decision-Making Interactions of Couples With Problem or Competent Children

By Jeffrey R. Schreiber

The present study was designed to investigate differences in interaction in terms of communicating and arriving at decisions between parents of children who were rated by their teachers as being highly competent (Group I), and parents of children who were rated by their teachers as being low in competence or who were clinic-referred (Group II). It was expected that Group I couples would be more efficient and effective in their interaction than would Group II couples.

Subjects were 35 couples divided into the two groups (20 in Group I, 15 in Group II). The data, where joint responses were obtained for husbands and wives in each couple, were analyzed by means of 2 x 2 analyses of variance and, where separate ratings were obtained for husbands and wives, by 2 x 2 x 2 analyses of variance, with family role (i.e., husband or wife) treated as a repeated measure within each dyad.

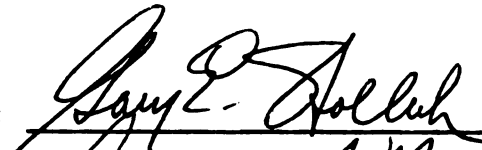
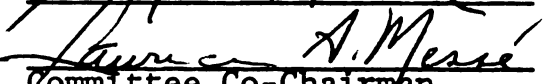
The results indicated that, as predicted, there were several significant differences between the two groups of couples. Group I couples were found to display significantly greater amounts of Spontaneous Agreement, Choice Fulfillment,

Jeffrey R. Schreiber

and Information Exchanged, and significantly lesser amounts of Chaotic Responses and Silence than did Group II couples. These findings support the position that studies of spouse interaction can help us understand child and family dysfunctioning.

The results were discussed in terms of their relevance to current research on family interaction. Limitations of the present study, such as the relatively small number of subjects used, and the need for future research, to explore, for example, the feasibility of implementing training programs for engaged couples or newlyweds prior to their becoming parents, were discussed.

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DIFFERENCES IN DECISION-MAKING INTERACTIONS OF
COUPLES WITH PROBLEM OR COMPETENT CHILDREN

By
Jeffrey R. Schreiber

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Dedicated to Sue and Mountain

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I. INTRODUCTION

The purpose of the present study was to compare the interaction of parents of teacher-rated "high competent" children to that of parents of clinic-referred and teacher-rated "low competent" children. It is widely held (e.g., Sullivan, 1953; Leary, 1957; Baumrind, 1973) that the self-concept and feelings of self-esteem are developed, to some extent, through the functional communication from significant others (e.g., parents). And, it seemed reasonable to speculate that the patterns of communication that couples engage in with each other are similar to parent-child communication patterns, including those that contribute to the child's sense of competence.

The conceptual approach to spouse interaction and parent-child relations that served as the basis for the present study assumes that the cognitive and social development of children is largely a function of parental childrearing practices; thus, with varying degrees of consciousness and conscientiousness, parents "create" their children psychologically (see, for example, Baumrind, 1967, 1973). Parents differ in the degree to which they wish to influence their children, and they differ in their effectiveness as teachers and models. They also differ in their ability to communicate

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clearly with their children and in their desire to reason with and listen to the child's ideas and objectives. It is likely that this difference in ability to communicate with their children is just one facet of a difference among adults in the ability in general to communicate clearly, to reason with, and to listen to all other persons, including each other.

With increased interest in and use of conjoint therapy techniques such as family therapy, much recent research has involved the study of interaction in interpersonal relationships. Also, there appears to be an increase in interest in the study of the communication process, specifically, its application to the study of disturbed or pathological interpersonal relationships.

Communication: Functional and Dysfunctional

A lack of effective communication may be one of the primary reasons why families do not function optimally (Ard, 1969; Bell, 1962; Haley, 1959a). The lack of clarity of communication between spouses and between parents and their children may be more pertinent to the development of psychological disturbances than are open disagreements and conflicts. Functional communication is comprised of (1) the ability to state clearly what one wants to communicate, (2) congruency in the messages that are sent, (3) an ability to ask for, and be receptive to, feedback, and (4) techniques for negotiating and checking the giving and receiving of meaning between one's

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from parents, especially, the child will experience difficulty in differentiating himself and his feelings from them and their feelings. Communication is a process inherent in the child's learning to structure his/her world, to influence and predict others' responses, and to esteem him/herself as a masterful person (Satir, 1967). Parental validation is crucial here; to the extent that parent-child communication is unclear, inconsistent, incongruent, or otherwise impaired, the child's self-concept and his/her ability to function effectively also may be affected. If the child cannot perceive and interpret him/herself and his/her feelings accurately, if she cannot accurately interpret external messages, then the assumptions upon which the child bases his/her actions would be faulty and his/her efforts to adapt to reality would be confused and inappropriate.

Studies of Family and Marital Communication: Clinical Evidence

Many of the conclusions drawn about family and marital communication are based on systematic clinical observations of "disturbed" families. These studies often found that in pathological relationships there were noticeable breakdowns in communication. In abnormal families, members did not talk to each other as freely, frequently or explicitly as did members of "normal" or non-pathological families. Communication patterns were more rigid; also, members of abnormal families tended to withhold information from each other about

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their needs, wishes and desires, which often went un verbalized. Further, communication in pathological families tended to be more incomplete, fragmented and confusing than was communication in "normal" families (Watzlavick et al.,1967). And, parents in pathological families (e.g., parents of young adult schizophrenics) tended to talk in ways that left the listener without a sense of closure. They interrupted and disrupted transactions in which they were participating, used words peculiarly and reasoned deviantly (Singer and Wynne, 1966).

These studies (e.g., Fleck et al.,1963) also found that schizophrenic children lack a clear sex identity and maturity because of their parents' lack of their own sex-role identity and their poor functioning as models. In order to acquire a sense of worth in one's own maleness or femaleness, a child needs a parent of the opposite sex who can communicate value and appreciation for the spouse.

Studies of Family and Marital Communication: Experimental Evidence Family Communication

In studies that compared "normal" (i.e., non-clinic, non-pathological, or families without a referred member) and "abnormal" (i.e., clinic-referred or pathological) families, Friedman and Friedman (1970) found that composite stories from schizogenic families were more vague and confused, fragmented and less complete than were stories from "normal" families. According to Farina and Dunham (1963), there is less

communication clarity in pathological families, and schizogenic families display more failure, confusion and blurred communication during interactional tasks than do control families (Friedman and Friedman, 1970; Singer and Wynne, 1963). Pathological families that were studied also produced more ambiguous and less adequate explanations (Levin, 1966). Further, there was a greater amount of conflict in schizogenic and clinic families as compared to non-clinic or "highly rated" families (Farina and Dunham, 1963; Friedman and Friedman, 1970; Leighton, Stollak and Ferguson, 1971). Generally, the mother-father dyad in these "abnormal" families was characterized by more conflict and aggression. Moreover, normal families were found to be both more expressive and more positive in the quality of the expressed affect (Mishler and Waxler, 1968). Thus, generally, there seems to be poorer communication and greater conflict in pathological families as compared to normal families.

An important finding of Friedman and Friedman's (1970) study was that differences between schizophrenic and normal families could not be attributed to the schizophrenic member's presence and participation. Thus, significant differences were found in comparisons between the activities of normal families and schizophrenic families whether or not the schizophrenic member was present during the task. With respect to interactional measures of conflict, failure and confusion, significant differences were found between normal and schizophrenic

families, but not between schizophrenic families in which the schizophrenic member was present and those in which s/he was absent. Also, Mishler and Waxler (1968) found that while many of the significant differences between normal and schizophrenic families were restricted to comparisons of behavior emitted during sessions in which parents interacted with the child, still, differences between parents of schizophrenic children and parents of normal children were more striking than were differences between the schizophrenic and normal children. These findings suggest that the significant interactional differences often lie in the spouse interaction, which may reflect a more general family pattern.

Summarizing the results of studies of clinic versus normal families, Moore (1966) notes that, in comparison to clinic families, normal families are characterized by more intermember agreement, a greater capacity for realizing common decisions in an egalitarian fashion, more tolerance of individual independence in thought and action, more interpersonal warmth, less manifest tension and a greater degree of "happiness." Both parents in normal families displayed more overall effectiveness and satisfaction within their roles. Similar results were found in studies that compared families with "high adjusted" children to those with "low adjusted" children (Odom, Seeman and Newbrough, 1971). Generally, the results of these studies are similar to those that compared clinic to normal families (e.g., St. Pierre, Stollak and Ferguson, and Messé 1971).

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Spouse Communication

Navran (1967) used self-report measures to assess marital adjustment and found a positive correlation between a couple's marital satisfaction and their verbal and non-verbal communication. "Happily married" couples seemed to communicate more clearly both verbally and non-verbally. Navran (1967) also found that couples rated high in marital adjustment, when compared to those rated low in marital adjustment, indicated that they more frequently discussed pleasant things, felt more understood by their spouses, were less likely to break off communication, showed more sensitivity to each other's feelings, made more frequent use of words that had private meanings for them, and communicated nonverbally to a greater degree via exchange of glances.

Further support for the position that there is a relationship between adjustment and communication comes from a study by Kahn (1970) which found that dissatisfied husbands and wives are particularly prone to misinterpreting each other's nonverbal signs. Dissatisfied husbands were more inclined than were satisfied husbands to attribute negative connotations to what their wives said were attempts to communicate happiness, playfulness and affection. Thus, an important aspect of marital disharmony may be the misunderstanding or misinterpreting of nonverbally communicated intentions, attitudes and wishes. Conflicts often would occur because partners assume, incorrectly, that they understand each other's wishes

and/or their own wishes are understood.

Raskin (1967) states that individuals enter late relationships with different codes of communication that are indigenous to their different family systems. These differing codes can affect the way an individual responds to his or her perceptions of the relationship, how s/he interprets the partner's responses and, in this way, the codes affect both the communications and the relationship of the couple (Ard, 1969). According to Navran (1967), communication and marital adjustment are so intertwined that any event having an effect on one will have a similar effect on the other. This perspective emphasizes the importance for the marital relationship of good listening and responding, that is, good communication in an ongoing interactional process.

Murphy and Mendelson (1973) observed couples in a joint story-telling task. Couples rated low in marital adjustment seemed more anxious and had infrequent eye contact. Moreover, they tended to adopt distinct patterns of interaction while working on the task. For example, some low adjustment couples were more involved with each other on a relationship level than on a content level--that is, they were more concerned with who made the decision or who talked more, and they made disparaging comments about the other's contributions. In a related study using this same sample, Mendelson (1970) found that couples low in marital adjustment who exhibited this interaction pattern also tended to have a higher number of

negative responses to each other than did couples in the high marital adjustment group. Other low marital adjustment couples appeared not to be involved with each other on either a relationship or a content level; instead, each member attempted to complete the task on his or her own.

Studies of Decision-Making Behavior: Interaction Measures of Efficiency

Ferreira and his colleagues have done extensive work in measuring interactional behavior in terms of decision-making in normal and abnormal families. Ferreira (1963) attempted to determine whether a particular aspect of family interaction, that is, making group decisions, would differentiate between normal and pathological families. The test that he administered consisted of ordering three choices for each of sixteen emotionally neutral items according to preference. Members of the family then were asked to order their choices for each item jointly. Four different types of decisions, comparing individual decisions to group decisions, were obtained: (1) unanimous decision or spontaneous agreement--where the members' joint answer was the same as the initial answer for all the family members; (2) majority decision--joint answer was the same as the initial answer for two of the three members; (3) dictatorial decision--joint answer was the same as the answer of one member; and (4) chaotic decision--joint answer was different than all the initial answers.

The results confirmed Ferreira's (1963) expectation that greater agreement would be found among the individual

members of normal than among those from abnormal families, since he reasoned that non-pathology and openness and clarity of communications go hand in hand. Furthermore, the results indicated that schizophrenic families studied manifested a greater degree of pathology than non-schizophrenic families.

Ferreira and Winter (1965) also investigated family decision-making in normal and abnormal families. The families were triads of father, mother and child that were classified into one of two diagnostic groups: (1) The normal group was composed of families in which (a) there was no known emotional or criminal problem for any of its members for a period of at least five years prior to the testing; (b) no one had been received or been recommended to receive any form of psychotherapy for at least the past five years; and (c) the overall behavior of the family had been considered normal by the referring source. (2) The abnormal group was composed of families in which the child had an emotional problem, as evaluated by an independent professional mental health agent. Depending on the label given to the child, a family was placed in one of three subgroups: schizophrenia-producing families, in which the child in the test had been diagnosed as schizophrenic; delinquency-producing families, in which the child had been involved with the law for delinquent behavior of the aggressive, acting-out type; and maladjusted families, in which the child, while neither schizophrenic nor delinquent, received labels such as neurotic, maladjusted or phobic.

The task for a family was to fill out a questionnaire individually, and then together as a group. The questionnaire (from which the one used in the present study is adapted) describes a number of make-believe, yet possible, situations about which the family members (first as individuals, later as a group) were to indicate solutions that they liked and disliked. In this manner, comparisons were made between individual choices and family decisions. The situations (seven of which comprised the questionnaire used in this study) and the alternatives provided (ten) were chosen both for their comparability and their relatively neutral content. Three basic questions of this investigation were: (1) How such agreement was there among family members in terms of what they liked (positive choices) and what they did not like (negative choices) prior to their getting together to interchange views? (2) How much time did the families need to reach all of the seven decisions asked for in the questionnaire? (3) How appropriate were these family decisions in terms of fulfilling the wishes of the individual family members?

The measures used were: (1) Spontaneous Agreement (SA), the amount of agreements, or matched choices, that existed among two (in the dyad) or three (in the triad) family members "spontaneously," that is, before consultation with each other; (2) Decision Time (DT), the time in minutes spent by the family to complete the joint questionnaire; and (3) Choice Fulfillment (CF) of the family as a group, and of its individual

members, a measure of the number of instances in which what the individual wanted (as expressed in the individual's questionnaire) became what the family decided (as expressed in the family's questionnaire).

The results of this investigation again indicated that, as Ferreira and Winter (1965) noted, normal families differed in demonstrable ways from abnormal families. Normal families, when contrasted with abnormal ones, were shown: (1) to have a greater agreement about what their members liked or disliked prior to any exchange of information; (2) to spend less time in the reaching of family decisions; and (3) to arrive at more appropriate decisions in terms of the fulfillment of the family members' individual choices.

Ferreira and Winter (1965) speculated about the antecedents of the difference that appears to exist between normal and pathologic families in the amount of spontaneous agreement displayed. They offered two explanations, not mutually exclusive, that might account for this phenomenon: (1) The normal families--or, more accurately, the parents in these families--might have had, since the beginning of their relationship, a higher agreement with each other in the attitudes, values, etc., than that found in abnormal families. This suggests that there might be greater homogeneity ("likes marry likes") in the selection of a mate among would-be members of normal families than among would-be members of abnormal families. (2) The observed differences in spontaneous agreement may reflect differences in

communication or in exchange of information among family members, a view that, according to the authors, would conform with clinical impressions of impaired communications in psychopathology. Presumably, also, such differences would be reflected in spouse (dyadic) interaction as well as in those family groups that include children.

According to Ferreira and Winter (1965), findings for Decision Time (DT) and Choice Fulfillment (CF) indicated a greater relative efficiency of family functioning for families with "normal" children. For DT they assume that, other things being equal, the more time a family requires to reach decisions, the less efficient it is. CF indicates efficiency and effectiveness of functioning in the sense that it represents the degree to which the family decision met the wishes of its members. While the variable SA appears to refer to a stable aspect of the family group (or couple), the variables DT and CF appear to refer to more dynamic aspects of decision-making, with DT expressing input and CF expressing output.

A family that takes an excessively long time to reach joint decisions is likely to be inefficient and ineffective when it is confronted with "real-life" situations or events that require family decisions. Although speed of family decisions cannot be equated with normality, it seems reasonable to assume that for every situation and circumstance there is an "average" or normal decision time beyond which one could

speak of wastefulness in family functioning. It seems, also, that the variable CF may be a good indicator of family effectiveness in terms of the satisfactions that the family group (as the sum total of its members) can derive from joint decision-making, in which one of the most important goals of the group is the fulfillment of the needs and wishes of its members. A family in which more of such wishes are met is one in which there is likely to be greater contentment than a family in which the individual wishes of its members are gratified much less.

Ferreira, Winter and Poindexter (1966) studied four family groups, a normal group and three groups of "abnormal" families--schizophrenic, delinquent and maladjusted. All families who participated performed the task of telling three TAT stories jointly. The most significant finding of this study was that normal families spent relatively less time in silence than abnormal families. The relative amount of silence was greatest for the schizophrenia-producing and delinquency-producing families. They also found that the relative amount of silence appeared to be more related to the diagnostic category than to the specific TAT cards used. The amounts of silence remained relatively constant from story to story for the diagnostic groups, with the schizophrenic and delinquent families having the greatest amount of silence from story to story and normal families the least. These findings emphasize the importance of silence as an interactional variable that is

sensitive to, and associated with, family pathology. Also, the greater time required for storymaking by these families implicates silence as a possible cause of the abnormal family's lower efficiency. These families were prevented from completing a story in the allotted time period because they spent too much time in silence; that is, they talked less and exchanged less information than did normal families.

According to Ferreira and Winter (1968), in abnormal families people did not seem to talk to each other as freely, frequently or explicitly as they did in normal families. Instead, members of abnormal families tended to withhold information about their feelings and wants from each other. They "didn't communicate," and their likes and dislikes often went unverballed. Ferreira and Winter (1968) attempted to determine if such quantitative disturbances in intrafamily communication could account for the lower efficiency and effectiveness in decision-making that their past research demonstrated existed in abnormal families. Utilizing the unrevealed differences procedure described in their previous (1965) study, they focused on two questions: (1) How often did family members inform each other of their "real" likes and dislikes; that is, the likes and dislikes that they previously indicated in the individually completed questionnaires? (2) What was the percentage of decision time "wasted away" in silence by the family? The amount of information exchanged among family members about their respective likes and dislikes was measured

by listening to the taped family discussion and tabulating the instances when a given family member was heard to say to the family explicitly that he/she liked or disliked some alternative available in the questionnaire. The relative amount of time spent in silence by the family was calculated by measuring silent time as a percentage of the total decision time.

The results showed that the amount of information exchanged among family members was significantly greater for normal than for abnormal families. Further, the decrease in explicit information exchanged among members of abnormal families appeared to be a function of the whole family, not of any one individual family member. The average score of every family member was less than that of the corresponding member in normal families, and the child in abnormal families even seemed to have a tendency to inform more than did his/her parents. These findings suggest, perhaps, that the amount of information exchanged would differ significantly between normal and abnormal groups if any interaction between spouses were observed (as in the present study).

The second major hypothesis of Ferreira and Winter's (1968) investigation also was corroborated: the relative amount of time spent in silence was found to be significantly greater in abnormal than in normal families. According to Ferreira and Winter (1968), the relative usage of silence may be a rather stable interactional characteristic of the family. Also, they note that to the extent that such findings may be generalized to "real-life" situations, it appears likely that

not only do members of abnormal families provide inadequate expression of their individual preferences and choices, but the lower informational state must interfere with the long-range acquisition of common values and views among the family members.

Generally, as noted by Ferreira and Winter (1968), the long-range effect of this inefficiency and ineffectiveness of abnormal families as reflected in decision-making tasks seems quite inimical to the proper functioning of the family system. And, in any case, it is apparent that normal family and spouse decision-making and functioning presuppose adequate communication. In this respect, it may be reasonable to postulate that all forms of interactional pathology are both cause and effect to disturbances in intra-family communication.

Interaction Measures of Conflict and Dominance

In addition to the interaction measures discussed previously, we note that Raush, Goodrich and Campbell (1963) and Scanzoni (1965) emphasize the importance of measuring family and dyadic conflict through interaction. And, as Satir (1967) points out, whenever a person communicates, s/he not only is making a statement, but also is asking something of the receiver and trying to influence the receiver to give him/her what s/he wants; thus, in a sense, the communication is an attempt to control or dominate the other person.

Farina and Dunham (1963) felt that the level of family conflict--and, thus, the levels of ineffectiveness and

inefficiency--is reflected in the number of interruptions and the frequency of simultaneous speech. They defined interruptions as the number of times for hypothetical conflict-laden problem situations presented that one family member interrupted another. Frequency of simultaneous speech was defined as the number of occasions during which family members spoke concurrently. Further, the measures Number of Times Spoken (the sum of times for the problem situations that each of the family members speaks) and Length of Time Spoken (time in seconds that each family member speaks) were seen by Farina and Dunham (1963) as indices of dominance. Thus, the more dominant member of the group was assumed to speak a greater number of times and for a greater length of time than the others in the group.

Leighton, Stollak and Ferguson (1971) found that when highly rated and clinic families were asked to perform the same tasks, clear differences in their manner of communication were demonstrated. Basic differences in the interactive styles of the two groups of families were found in terms of who was the dominant member of the family and the clarity of communication between family members.

The results of their study showed that the clinic mother spoke more often, for a greater total length of time, and for longer durations than did the clinic father. These findings suggest, if we assume that measures of speaking time and frequency are indices of dominance, that the reversal of

mother-father roles in the family extends beyond schizophrenic families and includes those whose sons are underachievers and/or have behavior problems in school. For the highly rated families there also was a definite pattern of dominance, but it seemed less clear-cut than in the clinic family. The fathers in this highly rated group spoke more often and for a greater total length of time than the mothers, but the average duration of speech was approximately the same for the two. These results imply that there is a more democratic power relationship in such families as compared to clinic families.

In terms of the number of interruptions, it was found that the fathers of clinic-referred children interrupted more often than the fathers in highly rated families, perhaps in an attempt to "fight" the perceived passive position in the family (Leighton et al., 1971). The mothers of clinic-referred children, despite their apparent dominant position, interrupted more often than did the mothers in the other group. The authors felt that the mothers in the former group must struggle to maintain their dominant position, while the mothers in the latter group are more content with their role in the family hierarchy. The mothers and fathers in the highly rated families were interrupted the same number of times despite the fact that the fathers in these families spoke for a greater total length of time and more often. The mothers of clinic-referred children, on the other hand, were interrupted more than the fathers, again indicating dissatisfaction in the clinic family regarding the relative position of the family members.

Thus, the father seemed to be the "dominant" member of the highly rated family and his dominant role was accepted by the others in the family. The clinic mother, on the other hand, appeared to be the dominant member of the clinic family on the basis of speaking time and frequency of speaking. However, the interruption data indicated that this state of affairs is not acceptable to the other members of the family and that the clinic mother must struggle to maintain her unstable position of dominance.

In terms of clarity of communication between family members, the clinic families were found to show a significantly greater number of instances of simultaneous speaking than did the highly rated families. This finding supported earlier results which showed that greater conflict and less communication clarity occurred in pathological families. The interruption data indicated that members of clinic families seemed less able to follow democratic techniques in reaching family decisions; the clinic family exhibited a significantly greater number of total interruptions than did the highly rated family. As Leighton et al. point out, an unacceptable power hierarchy may lead to a high incidence of interruptions and simultaneous speech as the members of the clinic family attempt to make their wishes known. Once the democratic process breaks down, individual members must attempt to disrupt in order to gain a voice in family decisions. The necessity of interruptions establishes a vicious cycle in which one interruption leads to another, resulting in the eventual breakdown of communication.

Cross and Aron (1971) investigated the relationship between marital conflict and interactional differences between couples. Forty married student couples were interviewed. These interview sessions were taped and subsequently scored for interruptions, simultaneous speech, percentage of time spoken, and I-WE ratios. These measures were viewed as indices of dyadic conflict. In terms of the I-WE ratio measure, the number of "I's" and "WE's" spoken represented, according to Raush, Marshal and Featherman (1970), feelings of egocentricity in the couple (or family) versus feelings of partnership and cooperation, respectively. Presumably, the latter feelings also reflect greater effectiveness on the part of the couple.

Raush et al. (1963) supported this position in a study of communication in an "open" marital structure (i.e., one in which a great many of the solutions are not predetermined by society but rather left open for the couple to decide, e.g., where the see-role boundaries shall lie). The married couples were interviewed numerous times, with attention focused specifically on their responses to various tasks (e.g., plans for future parenthood, establishment and maintenance of a household, etc.).

They found that the couple that was most relaxed and spontaneous with each other used the word "WE" often. The couple's position in relation to the interviewer was a "comfortable balance" between individual autonomy and mutuality as a couple. That is, they were capable of expressing their

individual views yet were aligned with one another. In contrast, the other couple interacted much less and seemed much stiffer; their expressions conveyed neither a comfortable autonomy nor a comfortable jointness. This couple displayed a quality of inhibition or defensiveness, not only in relation to the interviewer but also in relation to one another. For this couple, the word "I" was prominent. These and the other variables discussed above seem, then, to reflect different communicative patterns that can occur in family interaction.

Communication of Acceptance

Finally, Linden and Stollok (1969) and Stover, Guernsey and O'Connell (1971) utilized a scale employing a measure of Communication of Acceptance. This measure also was used by Schreiber (1972) in studying the effects of training on undergraduate behavior in play interaction with clinic-referred children. Schreiber found that trained undergraduates communicated significantly more acceptance to children in play interaction than did untrained undergraduates. The scale referred to emerged from an observational scale of empathy for adults in spontaneous play with a child, designed by Guernsey, Stover and DeMerritt (1968) to assess parent behavior as part of a research, diagnostic or therapeutic situation.

The dimension Communication of Acceptance, the verbal expression of acceptance-rejection (which is coded on a five-point scale) is, according to Stover et al. (1971) the major element in the communication of empathic feelings. Rogers (1957) considers this dimension to be one of the necessary

conditions for therapeutic personality change. Similarly, Axline (1947) includes acceptance among the basic principles of non-directive therapy, and Moustakas (1959) emphasizes the importance of conveying acceptance, respect and faith in the other person's feelings, thoughts and potentialities.

Stover et al. (1971) indicate that communication of acceptance usually does not occur to a large extent in general, spontaneous interaction, but rather has been regarded as a measure of success in learning the therapeutic role. However, it seemed reasonable to speculate that, even in the absence of training, there might be interactional differences in communicating acceptance between couples.

The Present Study

The research reviewed generally has demonstrated that there is poorer communication among pathological as compared to normal or non-clinic families. However, such research has tended not to focus on the spouses' interaction itself, nor has it attempted to relate such interactions between spouses to ratings of their children's competence. The present study was designed to examine these relatively unexplored issues. It made the assumption, again, that the patterns of communication that couples display when interacting with each other are similar to parent-child communication patterns, including those that contribute to the child's developing sense of competence or incompetence.

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The present study, then, attempted to explore differences in effectiveness and efficiency in decision-making interaction between parents of teacher-rated "high competent" and clinic-referred children (Group II). It employed a number of measures that also were used by Ferreira and Winter (1965, 1968) in the studies discussed in a previous section: (1) Spontaneous Agreement; (2) Decision Time; (3) Choice Fulfillment; (4) Chaotic Decision; and (5) Information Exchanged. Additional variables were chosen to explore different patterns of interaction in the two groups of couples in terms of conflict, dominance, and effectiveness and efficiency. These measures, also discussed previously, were: (1) Interruptions; (2) Simultaneous Speech; (3) Number of Times Spoken; and (4) Length of Time Spoken (Farina and Dunham, 1963; Farina, 1960); and (5) Number of "I's" and "WE's" Spoken (Raush, Marshal and Featherman, 1970; Raush et al., 1963). Finally, the present study employed a measure of Communication of Acceptance; Stover, Guernsey and O'Connell, 1971), in an attempt to determine if there were differences between the two groups of couples with regard to empathic communication.

Predictions

Given the studies reviewed in the previous sections it seemed likely that there would be significant differences in spouse interaction in terms of communicating and arriving at decisions in parents of "high competent" rated children (Group I) as compared to parents of "low competent" rated and

clinic-referred children (Group II). Thus, I expected that Group I couples would be more effective and efficient in their decision-making interaction than would Group II couples.

Specifically, I predicted that:

(1) The Spontaneous Agreement score would be greater for Group I than for Group II couples.

(2) The Decision Time would be shorter for Group I than for Group II couples.

(3) The Choice Fulfillment score would be greater for Group I than for Group II couples.

(4) The number of "Chaotic" Choices, that is, joint choices of the spouses that were not chosen initially by either of the spouses, would be smaller for Group I than for Group II couples.

(5) The amount of valid and explicit Information Exchanged between Group I spouses as to what they liked and disliked would be greater than that between Group II spouses.

(6) The amount of time spent in Silence would be relatively less for Group I than for Group II couples.

(7) There would be a fewer number of Interruptions for Group I couples than for Group II couples.

(8) There would be a lower frequency of Simultaneous Speech for Group I as compared to Group II couples.

(9) The Number of Times Spoken would be more equal for Group I as compared to Group II couples.

(10) The Length of Time Spoken would be more equal for Group I than for Group II couples.

- (11) The Number of "I's" Spoken would be smaller for Group I than for Group II couples.
- (12) The Number of "WE's" Spoken would be greater for Group I than for Group II couples.
- (13) There would be more verbalized Communications of Acceptance for Group I as compared to Group II couples.

II. METHOD

Procedure and Rationale for Subject Selection

The subjects used in the present study were 35 volunteer couples that were classified into two groups. The first group (Group I) consisted of parents selected from those families with children rated by their teachers as "most competent" and having the fewest psychosocial problems in their classrooms. The second (Group II) consisted of either parents who had contacted a psychological or community mental health clinic for services regarding their child's psychosocial dysfunctions, or parents from those families with children rated by their teachers as the "least competent" and having the most psychosocial problems in their classrooms (but not yet referred for assessment or therapy). Table 1 indicates the breakdown of the couples into the two groups according to the sex of their child, and also indicates the mean age of the children for each condition. (See Table 6 in Appendix A for additional family information.)

The couples in the present study were obtained from the families being used in Messé and Stollak's (1976) current investigation of adult "perceptual bias." Messé and Stollak are attempting to determine the extent to which parents of "low competent" rated and clinic-referred children are more "perceptually biased," that is, the extent to which they are

TABLE 1. Number of Couples and Mean Age of Their Children For Each Condition and the Study.

<u>Group I</u>	<u>Child</u>		Female	Mean Age
	Male	Mean Age		
(parents of "high competent children)	11	6.72	9	6.44
<u>Group II</u>				
(parents of "low competent" and clinic-referred children)	9*	7.11	6	6.85

*In rating the couples' interaction, one Group II-male tape was defective and thus only eight couples were included in ratings made of the ten categories based on the taped interaction.

differentially sensitive to children's negative and positive behaviors than are parents of "high competent" rated children.

In their project, families were paid \$50 for approximately four hours of their time in which they were given a series of questionnaires and tasks, including the procedures employed in the present study. The families in each group were matched as closely as possible according to the age of the child (between 5-9). The clinic-referred child families were chosen from among families referred to the Michigan State University Psychological Clinic as well as from families referred by other mental health clinics in the area, while the "low" and "high" competent child families were, as indicated, chosen on the basis of teacher ratings of the child. The teacher ratings were derived from the Behavior Rating of

Pupils procedure used by Bower (1969), who found that teachers' ratings of emotional disturbance were very much like the judgment of clinicians. In this procedure, the teacher is asked to put all the students in his/her class into a distribution of most-like to least-like the described pupil for each of seven items (See Appendix B for a copy of the Pupil Behavior Rating Scale.)

Tasks

After completion of other tasks (see Messé and Stollak (1976) for a detailed presentation of procedures), data were collected that were relevant to the present study. Similar to Ferreira's (1965, 1968) testing procedure, after greetings and preliminary remarks, the tester introduced the couples to the task at hand, namely, the filling out of a questionnaire. (See Appendix B for a copy of the Instructions for Testing Procedure.) The couples were told that the questionnaire contained a number of situations which, though they might have been improbable, they were to pretend are true and real. Accordingly, they were to indicate for every situation the three choices that they liked the most and the three that they liked the least or not at all. Once the tester was satisfied that they understood the task (further elucidated by means of an example), the spouses, who were then separated, proceeded to fill out the Questionnaire individually. (See Appendix B for a copy of the Questionnaire.)

When they terminated their individual tasks they were brought back together again. Before they had a chance to talk

to each other, they were informed that they had filled out the same questionnaire and that their individual answers would remain confidential. They were assured further that these answers did not involve notions of good-bad, right-wrong or normal-abnormal, but simply reflected the fact that different people may have different likes and dislikes in a given situation. After this, they were told that their next task was to fill out the same questionnaire again but this time together as a couple. They were given another copy of the questionnaire and it was explained that "as a couple" meant that whatever they chose for each situation would apply to both of them. They were to discuss the matter of their choices among themselves and again to indicate on the Questionnaire for every situation the three alternatives they as a couple liked the most, and the three alternatives they liked the least, or not at all. The couple was then left in the testing room engaged in the process of deciding what they wanted and did not want--if they were, as a couple, in the situation described in the Questionnaire. The door was closed but, with the couple's full knowledge, the ensuing discussion was recorded on audio tape.

The Questionnaire was presented in the form of a booklet in which seven situations were described, similar to those used previously by Ferreira and Winter (1965) and Ferreira (1963). The situations were included for their applicability to the couple regardless of sex or age whether considered as individuals or together. As noted by Ferreira and Winter

(1965), they were intended to be as neutral as possible and comparable in social and cultural desirability. The seven "make-believe" situations referred to were: (1) famous people they might want to meet if they were "going to a party this weekend;" (2) foods they might want to eat if they were "going out to dinner tomorrow night;" (3) films they might want to see if they were "going to a movie this weekend;" (4) countries they might want to go to "to live for a year;" (5) activities they might want to engage in "this afternoon;" (6) magazines to which they might wish to subscribe; and (7) how they would spend \$1000.

Categories

The following categories were used in measuring couples' interaction in the present study:

- (1) Spontaneous Agreement: The amount of agreements, or matched choices (out of the six choices made), that existed between the spouses "spontaneously," that is, before consultation with each other, as measured by comparing the individually filled-out Questionnaires. One Spontaneous Agreement was counted whenever a spouse's positive choice (i.e., an alternative marked as "disliked") matched a negative choice of the other. These scores could range from 0 to 6.
- (2) Decision Time: The time spent in seconds by the couple to complete the joint Questionnaire measured from the moment the tester left the room until the couple announced that the task had been completed.

(3) Choice Fulfillment: A measure of the number of instances where what each of the spouse's wanted (as expressed in the six choices in that individual's Questionnaire) became what the couple together decided (as expressed in their joint Questionnaire). The individuals' Choice Fulfillment scores when summed make up the Choice Fulfillment score for the couple, the possible range of which is 0 to 12.

(4) Number of "Chaotic" Choices: The number of responses on the joint Questionnaire out of the six choices made that were not any of the original choices of each spouse (as expressed in that individual's Questionnaire). These scores could range from 0 to 6.

(5) Information Exchanged: The amount of information exchanged between spouses as to their respective likes and dislikes measured by listening to the taped discussion and tabulating the instances when a given spouse was heard to say that he/she liked or disliked some alternative available in the Questionnaire.

(6) Silence: The amount of time spent in silence calculated by measuring silent time as a percentage of the total Decision Time.

(7) Number of Interruptions: The number of occasions in the discussion between the spouses that one interrupted another, scored if the person succeeded in speaking at least a phrase.

(8) Frequency of Simultaneous Speech: The number of times during the discussion that both spouses spoke concurrently.

- (9) Number of Times Spoken: The number of times in the discussion that each spouse spoke.
- (10) Length of Time Spoken: The total time (in seconds) that each spouse spoke.
- (11) Number of "I's" Spoken: The total number of "I's" spoken for each of the spouses.
- (12) Number of "WE's" Spoken: The total number of "WE's" spoken for each of the spouses.
- (13) Communication of Acceptance to the other: Rating made for every one minute interval of the couple's taped discussion, with a high rating of "one" and a low rating of "five" as follows: (1) verbal recognition and acceptance of feelings; (2) verbal recognition and acceptance of behavior only; (3) social conversation or no conversation; (4) slight or moderate verbal criticism stated or strongly implied; (5) verbal criticism: argumentative, "preaching," openly rejecting feelings or behavior, abusive language. (See Appendix B for a copy of the Communication of Acceptance Rating Scale.)

Coding

The results for the Spontaneous Agreement, Choice Fulfillment and "Chaotic" Choice categories described above were obtained, as indicated, from the responses in the Questionnaires administered during the experiment. The results for the other categories were obtained from the scores coded from the audio tapes of the couples' interaction. (See Appendix B for a copy of the Coding form.) In order to obtain a

reliability measure for these latter categories, after a four-hour training period with the experimenter designated as "expert," six coders independently rated three couples' decision-making interaction tapes (other than the ones they would later be assigned to code). Ratings were made for each of these (ten) categories, and the scores from each coder were then compared to the scores of the "expert." A mean percentage agreement with the "expert" was thus obtained.

After adequate reliability was established, the coders, who were unaware of the hypotheses of the study and the characteristics of the couples studied, then independently rated the decision-making interaction tapes, with two coders assigned to rate each tape. Following the coding, reliability measures (that is, mean percentage agreement with the "expert".) were again obtained with the five coders who were still available.

III. RESULTS

Reliability of the Rating Categories

Table 2 presents the mean percentage agreements with the "expert" across coders for the ten categories of the rating scale that were obtained from the audio tapes of the couples' decision-making interaction. The pre-coding measures are based on the scores of the six raters, independently rating three half-hour audio tapes of the couples' interaction (other than the ones they were later assigned to code); the post-coding measures are based on the scores of the five raters who were still available at the time.

TABLE 2. Mean Percentage Agreement with "Expert" Across Raters Before and After Coding.

Category	Pre-Coding (%)	Post-Coding (%)
Decision Time	98.5	99.0
Information Exchanged	91.4	88.4
Silence	84.2	83.7
Interruptions	79.8	80.6
Simultaneous Speech	82.7	83.0
# Times Spoken	95.6	94.3
Length Time Spoken	92.2	91.5
# "I's" Spoken	87.2	87.0
# "WE's" Spoken	85.8	86.4
Communication of Acceptance	89.3	90.3

Table 2 indicates that ratings were sufficiently reliable.

Analysis of the Data and Tests of the Predictions

The data of the present study were the scores of the two groups of couples (Group I: parents of "high competent" rated children; Group II: parents of "low competent" rated and clinic-referred children). They were obtained from the raters who coded the audio tapes for the ten categories based on the couples' decision-making interaction, and from the three categories (Spontaneous Agreement, Choice Fulfillment, and "Chaotic" Responses) based on the couples' responses to the Questionnaires that were administered. To examine the relationship between these categories, product-moment correlations were computed. Table 5, which can be found in Appendix A, presents these correlation coefficients. This table indicates that the correlations between the categories that demonstrated a significant difference as a function of couple type (i.e., Group I or Group II) were not significant, with the exception of the (negative) correlation between Choice Fulfillment (C.F.) and Chaotic Choices (C.C.).

Further, there were a number of significant correlations for the Information Exchanged (I.E.), Silence (Sil.), Interruptions (Int.), Simultaneous Speech (S.Sp.), and "I's" and "WE's" categories. These appear to be largely a function of the increased amounts of Decision Time (D.T.), Length of Time Spoken and/or Number of Times Spoken categories. Thus, those couples who took a longer time to reach decisions and/or spoke more and for a greater length of time, generally were more "active" and, in effect, "did more" as a function of that

time, than those couples who took less time to reach their decisions.

The data, where joint ratings were obtained for husbands and wives, were analyzed by means of 2 (Group I - Group II) X 2 (male-female child) analyses of variance. These data included the following categories: Decision Time, Silence, Simultaneous Speech, Spontaneous Agreement, and "Chaotic" Responses. Where separate ratings were obtained for husbands and wives, the data were analyzed by means of 2 (Group I - Group II) X 2 (male-female child) X 2 (husband-wife) analyses of variance with family role (i.e., husband or wife) treated as a repeated measure within each dyad. These data included the Choice Fulfillment, Information Exchanged, Number of Interruptions, Number of Times Spoken, Length of Time Spoken, Number of "I's" Spoken, Number of "WE's" Spoken, and Communication of Acceptance categories. Both types of analysis employed an unweighted means solution to adjust for unequal cell frequencies.

The tables below present the mean scores and significance tests for only those effects that were relevant to the predictions. (Other effects, for example, those including sex of the child, were found not to be significant.) In addition, the following, more complete summary tables can be found in Appendix A: means and standard deviations for the thirteen categories (10 coded and 3 obtained from the Questionnaire); summaries of the 2 X 2 analyses of variance with unequal cell frequencies; and summaries of the 2 X 2 X 2 analyses of variance

with repeated measures (i.e., husband-wife scores) within each dyad and unequal cell frequencies.

Table 3 summarizes the mean scores of Group I and Group II couples and the significance tests of the differences between the mean scores, for variables that were predicted to be higher (indicating more effective interaction) for Group I than for Group II couples.

TABLE 3. Mean Scores and Significance Tests for Couples in Group I (Parents of "High Competent" Children) and Group II (Parents of "Low Competent" and Clinic-Referred Children) for Predictions of Higher Group I Scores Across Sex of Child and Husband-Wife Scores (Where Separately Obtained).

Category	Group I	Group II	F	P
Spontaneous Agreement	1.30	.67	4.63	< .05
Choice Fulfillment	2.98	2.30	4.88	< .05
Information Exchanged	56.16	43.91	4.21	< .05
Number of "WE's" Spoken	8.95	7.43	.40	N.S.

Table 3 indicates that the mean differences were in the predicted direction for all of the four relevant variables, and these differences were statistically significant for three of the four measures. Thus, it appears that, as predicted for these variables, more effective, efficient decision-making interaction occurred among Group I couples than among Group II couples.

Table 4 summarizes the mean scores of Group I and Group II couples and the significance tests of the differences between the mean scores, for those variables related to the prediction of lower scores (again indicating more effective interaction) for Group I as compared to Group II couples.

TABLE 4. Mean Scores and Significance Tests for Couples in Group I (Parents of "High Competent" Children) and Group II (Parents of "Low Competent" and Clinic-Referred Children) for Predictions of Lower Group I Scores Across Sex of Child and Husband-Wife Scores (Where Separately Obtained).

Category	Group I	Group II	F	P
Decision Time (Seconds)	956.65	909.57	.26	N.S.
# of "Chaotic" Choices	.90	1.73	5.27	< .05
% of Time Spent in Silence	40.34	53.44	5.67	< .05
Number of Interruptions	3.65	3.38	.10	N.S.
Frequency of Simultaneous Speech	5.52	6.18	.62	N.S.
Number of "I's" Spoken	41.76	42.93	.14	N.S.
Communication of Acceptance	3.01	3.00	.04	N.S.

Table 4 indicates that the mean differences were in the predicted direction for four of the relevant variables (i.e., "Chaotic" Choices, Silence, Simultaneous Speech, and Number of "I's" Spoken), and the differences were statistically

significant for two of the four. For the remaining three variables (i.e., Decision Time, Interruptions and Communication of Acceptance) the differences were not in the predicted direction and not statistically significant. Thus, it appears that more effective decision-making interaction occurred among Group I than Group II couples for some but not all of the above variables.

Table 5 summarizes the mean scores and significance tests for differences between Group I and Group II husbands and wives for the categories Number of Times Spoken and Length of Time Spoken for which lesser differences between Group I as compared to Group II husbands and wives were predicted.

TABLE 5. Mean Scores and Significance Tests for Differences in Categories "Number of Times Spoken" and "Length of Time Spoken" Between Husbands and Wives in Group I ("high competent" children) and Group II ("low competent" and clinic-referred children) Across Sex of Child

Group	Family Role		F	P
	Husband	Wife		
	<u>Number of Times Spoken</u>			
I	95.25	92.60	.98	N.S.
II	95.00	97.57		

	<u>Length of Time Spoken</u>			
I	273.17	272.77	.02	N.S.
II	213.86	219.68		

To support the prediction of lesser differences for these two categories between Group I as compared to Group II husbands and wives, these measures had to have yielded a significant Group X Family Role (i.e., husband or wife) interaction since husband-wife differences were expected to differ as a function of group. Table 5 indicates, however, that the results for both of the variables were not significant.

Summary of Results

The present study was designed to investigate differences in interaction in terms of communicating and arriving at decisions in parents of teacher-rated "high competent" children (Group I) and parents of teacher-rated "low competent" and clinic-referred children (Group II). It was expected that there would be significant differences between the two groups in terms of more effective and efficient Group I as compared to Group II decision-making interaction. For the thirteen categories that were measured, the results for five (in terms of differences between the groups) were significant in the predicted direction, three were in the predicted direction although not statistically significant, while the predictions for the remaining five categories were not supported.

IV. DISCUSSION

Category Predictions

The differences between the two groups were significant in the predicted direction for the following categories: Spontaneous Agreement. The results for this variable indicate that there was greater initial agreement for Group I couples as compared to Group II couples as to what they liked (positive choices) and disliked (negative choices) prior to their getting together to exchange views. This finding perhaps indicates, as Ferreira and Winter (1965) speculated after investigating interaction between normal and pathologic family triads, that parents in "normal" families (or, in the present study, parents of "high competent" children) may have had, since the beginning of their relationship, a higher agreement with each other in their attitude, values, etc., than that found in parents in "abnormal" families (or parents of "low competent" children). This, in turn, suggests a greater homogeneity ("likes marry likes") in the selection of a mate among would-be members of "normal" or "high competent" families than "abnormal" or "low competent" ones.

The present study points to the possible relevance of identifying Spontaneous Agreement for the couple as a dyad prior to or immediately following marriage, since the relative absence of Spontaneous Agreement in such a couple may perhaps

predict later marital and child dysfunctioning.

Choice Fulfillment. The results here indicate, as noted by Ferreira and Winter (1965), a greater relative efficiency and effectiveness of family functioning for Group I as compared to Group II couples, in the sense that Choice Fulfillment represents the degree to which the joint decision met the wishes of each individual spouse and represents a dynamic output of their decision-making. The present study perhaps suggests that this increased efficiency and effectiveness applies specifically to spouse interaction itself, but may also point to such interaction as a possible key to understanding the development of child "problem" behavior. We see here that parents of clinic-referred or "problem" children may be considered as somewhat more handicapped in their attempts to meet situations or events that require joint decisions. Such a handicap perhaps may be transmitted to the child and be at least a partial factor in his/her "disturbed" or "problem" behavior.

It seems, then, that Choice Fulfillment may be a significant variable in differentiating parents in families with "high competent" and "problem" children. Choice Fulfillment appears to indicate the satisfactions that the parents (and, by extension to other situations, the child as well) may have derived from the joint decision-making process, where one of the most if not the most important goals of the decision-making is the fulfillment of the needs and wishes of the participants. A couple or family in which more of such wishes are

fulfilled likely may be one in which there is greater contentment than one in which individuals' wishes are less gratified. We perhaps may assume that the parents' inability to satisfy their own needs and wishes sufficiently is reflected in lack of fulfillment for their child (or children), which at least in part might contribute to the child's "problem" behavior.

"Chaotic" Choices. The results for this variable indicate greater relative efficiency and effectiveness of functioning for Group I as compared to Group II couples, in the sense that decisions of Group I couples took into account the wishes of each individual spouse to a greater extent than the decisions of Group II couples, who more often disregarded the wishes of each individual and thus denied their fulfillment.

The higher number of "chaotic" choices could indicate, according to Ferreira (1963), a lack of openness and of clarity of communication which, he feels, goes hand in hand with pathology. The wishes of individual (Group II) spouses are less accepted in their "compromised" choices and perhaps we can again assume that the spouse's inability to satisfy him/herself sufficiently is transmitted and reflected in their children's "problem" behavior.

Information Exchanged. The findings for this variable appear to parallel Ferreira and Winter's (1968) notion that in "abnormal" families people do not talk to each other as freely, frequently or explicitly as they do in "normal" families. Instead, members tend to withhold information from each other as to their feelings and wants. The lack of communication

results in their likes and dislikes going un verbalized, and lessens the likelihood of their arriving at decisions which fulfill each person's own wishes.

Further, while Ferreira and Winter (1968) noted that, in their study, the decrease in explicit information exchanged observed among family members in "abnormal" families appeared to be a function of the whole family, the present study may possibly have focused more clearly on the "source" of the information exchange decrement, that is, in the spouses' interaction itself. This lack of communication, in turn, is then perhaps reflected in disturbances in the child's communication and other pathology which derives from it.

Silence. The findings for this variable seem to be consistent with Ferreira, Winter and Poindexter's (1966) finding that "normal" families spend relatively less time in silence than "abnormal" families. In the present study, again, we have focused specifically on couples' interaction and perhaps obtained another "source" of disturbed family communication.

This finding of less silence for Group I as compared to Group II couples not only emphasizes the possible importance of silence as an interactional variable that apparently is sensitive to and associated with family pathology (or at least reported or diagnosed child "problem" behavior), but also indicates that silence is a possible cause of the couple's (and family's) lowered efficiency and effectiveness. In a sense, the Group II couples spend "too much" time in silence, talking relatively less and exchanging less information than

Group I couples. According to Ferreira and Winter (1968), "abnormal" families do not seem to talk to each other as freely, frequently, or explicitly as they do in "normal" families. Instead, they withhold information from each other as to their feelings and wants, and their likes and dislikes go un verbalized.

It well may be, then, that the relative usage of silence is a stable interactional characteristic not only of the "abnormal" family as a whole, but of the parents of such families in particular. Further, the effects of this parental inefficiency in decision-making tasks may be quite disruptive to the functioning of the whole family system, resulting in accumulated unmade decisions, further increasing the burdens of family life and promoting further pathological interaction.

The differences between the two groups in the present study were in the predicted direction although not statistically significant for the following categories:

Simultaneous Speech. The prediction for this category of less simultaneous speech for Group I than for Group II couples was based on the notion that the decision-making interaction of Group I couples would be marked by less conflict, and thus be more effective and efficient than that of Group II couples. However, those studies that included the variable of simultaneous speech and obtained significant differences were designed to elicit conflict in the observed interaction, while the tasks in the present study were designed to be neutral. Had significant statistical differences been obtained for this

variable in the present study they might have been even more powerful; still, the fact that the differences were in the predicted direction may be of some note.

In any event, while some of the difference in previously reported findings and those of the present study might be accounted for by the fact that the present study focused exclusively on spouse rather than family interaction, it seems more feasible to assume that the differences are to a large extent a function of the nature of the tasks involved. In a non-threatening interactional situation, for example, couples may take the liberty to speak concurrently without necessarily conflicting with or excessively threatening each other, whereas in more threatening situations a difference may emerge whereby there is evidence of greater simultaneous speech in couples in "abnormal" families as compared to couples in "normal" or "high competent" families,

Number of "I's" Spoken. The prediction for this variable of a fewer number of "I's" spoken for Group I as compared to Group II couples assumed that, as suggested by Raush, Marshal and Featherman (1970), "normal" or "healthy" couples tended to have less feelings of egocentricity (as indicated by the fewer number of "I's" spoken) than "abnormal" ones which, in turn, reflected a greater effectiveness on their part. Perhaps a greater number of subjects employed in the present study might have produced greater differences in the predicted direction between the two groups than those that were obtained. Perhaps, also, the nature of the tasks involved needs again to be

accounted for; thus, for example, a more conflict-laden task situation may produce greater interactional differences, in terms of "I's" spoken.

Number of "WE's" Spoken. The prediction here of a greater number of "WE's" spoken for Group I as compared to Group II couples was based on the notion, as indicated by Raush et al. (1970), that "normal" or "healthy" couples tended to have greater feelings of partnership and cooperation (as suggested by the greater number of "WE's" spoken) than "abnormal" ones, which reflected a greater effectiveness on their part. Again, perhaps if a greater number of subjects were employed in the present study, and/or of the tasks involved had been varied to include more conflictual material, greater interactional differences between the two groups in the predicted direction might have been obtained.

In any case, we also can note that the ratio of "I's" as compared to "WE's" spoken is highly in favor of the former for both groups of couples. Apparently, in our culture, individuals seem to express and conceive of themselves first and foremost as individuals and only secondarily as members of a dyad or larger group. There may well be variations from culture to culture in those expressions, and perhaps also varying degrees of spontaneity, balances between autonomy and mutuality, etc., that may coincide with such expressions. There may also be variations in individuals and groups depending upon training received re parent effectiveness, communication

of empathy and acceptance, and involvement in the needs, wishes and feelings of others.

The predictions of significant differences between the two groups in the present study were not supported for the remaining categories:

Decision Time. There were no significant differences between Group I and Group II couples in the amount of time required to arrive at decisions in terms of completing the joint Questionnaire. Ferreira and Winter (1965) felt that lower decision time indicates a greater relative efficiency and assumed that, other things being equal, the more time a family requires to reach decisions, the less efficient it can be said to be. In the present study, however, "other things were not equal." Thus, for example, there were significant differences in the predicted direction in terms of information exchanged and percentage of time spent in silence between Group I and Group II couples, indicating greater Group I efficiency within the allotted decision time as compared to Group II. Although the amount of time used in reaching the decisions is equivalent between the two groups, then, more effective, efficient use may be made of that time by Group I couples; perhaps the total time is not as important a variable as the qualitative use that is made of that time.

The difference between Ferreira and Winter's (1965) finding and that of the present study regarding decision time may also be accounted for by the context in which the task was

administered during the present study. Thus, decision-making task was preceded by approximately four hours of other tasks and activities in which the couples participated, which undoubtedly tired them. This factor might have tended to obscure whatever differences, if any, existed between the two groups for this variable.

Interruption. The results here indicated no significant differences between the two groups. The prediction of a smaller number of interruptions for Group I than for Group II couples was based on the notion that Group I couples would experience less conflict and thus be more effective and efficient in their interaction.

However, as previously discussed, in those studies reported which examined the variable of number of interruptions in family interaction, the tasks performed involved issues and items that were not neutral and which were designed with the possibility or probability of inducing family conflict (e.g., Farina, 1960; Farina and Dunham, 1963; Leighton, Stollok and Ferguson, 1971). On the other hand, the tasks used in the present study were designed to be relatively neutral and non-threatening. It was felt that the use of such tasks would enable comparison of the results with those obtained in the family decision-making studies previously referred to. It was also felt that any indices of conflict elicited would be especially noteworthy given the relative neutrality of the tasks involved.

The nature of tasks seems, then, to be a crucial factor in eliciting and obtaining measures of conflict such as the number of interruptions. Perhaps these measures themselves need to be defined relative to the tasks to which they are applied. Thus, an interruption on a pleasant, non-threatening task may have quite a different meaning than one on an anxiety-laden, conflictful task.

Number of Times Spoken. The results for this variable indicate that the differences between the groups were not significant in the predicted direction; that is, Group I couples did not speak a more equal number of times than did Group II couples. The rationale for this prediction was the assumption that the most effective marital interaction (with its presumed effects on children's behavior) would be reflected in a kind of compromise and cooperation in terms of "democratic" participation by husband and wife in decision-making, that is, with each participating relatively equally rather than one spouse being the more dominant member of the couple.

We encounter here, however, several possible difficulties. For example, does equality imply non-dominance in all areas equally, or rather is there a balance whereby, say, the husband is more dominant in terms of one type of decision with which he is more familiar and the wife dominant in her area of "expertise?" Or, perhaps dominance by one spouse reflects a more secure, stable pattern of family interaction. Thus, Leighton et al. (1971) found that for highly-rated families

there was a definite pattern of dominance, although less clear-cut than in the clinic families. The "highly rated" fathers spoke more often and for a greater total length of time than the "highly rated" mother, whereas clinic mothers spoke more often and for greater total lengths of time than did clinic fathers. Perhaps we are seeing here the conventional roles of "strong male-weak female" which society has previously defined positively but which in recent years may be undergoing significant change, so that we may begin to see "highly rated" families with assertive women as well.

In any event, we also need to note that studies such as that of Leighton et al. have utilized non-neutral tasks, unlike the present study. This point is important because we have seen that the type of task involved may have a significant if not overriding effect on the obtained outcome. At this point we need to be careful in interpreting the present results in terms of measures of conflict and dominance, and await further studies that systematically examine the effect of task, the definitions of conflict and dominance measures involved, and the characteristics of the couples and families being investigated.

Length of Time Spoken. The results also indicate that the differences between the groups for this variable were not significant in the predicted direction, that is, Group I parents did not speak a more equal length of time as compared to Group II parents. Again, we had assumed that equality and "democratic" participation was a positive feature of Group I

couples as opposed to dominance by one or another spouse; this assumption was not borne out. At the same time, we again have to be cautious in interpreting such results and in defining what equality means in couple and family interaction.

There may be no reason to assume that equality will hold across every area of interaction, but rather may vary from situation to situation and different tasks with which the couples are confronted. It may be that the tasks employed in the present study do not actually tap the conflict-dominance variables in a meaningful way, or do so only to a small extent. And, in any case, we may not be able to equate equality with health or normality in a direct way, as Leighton et al's (1971) results indicate. Again, further study into conflict-dominance aspects of couple and family interaction and the nature of the groups and tasks involved, is necessary at this point.

Communication of Acceptance. There were, for this variable, no significant differences in communicating "acceptance" between Group I and Group II couples. As indicated by Linden and Stollok (1969) and Stover, Guernsey and O'Connell (1971), communication of "acceptance" as defined here does not usually occur to a large degree in general, spontaneous interaction but rather has been regarded as a measure of success in learning the therapeutic role. This would, then, presuppose some sort of training procedure. However, perhaps a different type of scoring of "acceptance" or "empathy" might have yielded significant differences between the groups.

Relation Between Dependent Measures

Generally, the correlations between the categories used in the present study indicate that these measures were relatively independent of each other. Most of the significant correlations that were obtained appeared to be a function of the couples' being more "active" as a result of taking a longer time to reach decisions and/or speaking more and for a greater length of time than couples who took less time to reach their decisions. Of particular interest were those correlation coefficients that were computed for the dependent measures (i.e., categories) that were found to be significantly related to family type. Inspection of Table 5 (see Appendix A) reveals little correlation between Choice Fulfillment (C.F.) and Chaotic Choices (C.C.). (This latter correlation may derive to a large extent from the nature and definitions of these two variables. Thus, we might expect that the larger the number of mutually satisfying outcomes (C.F.) (i.e., mutual choices that both spouses had previously made individually), the less the possible number of mutual choices (C.R.) that go contrary to their initial choices.)

In any event, couple type (i.e., Group I or Group II) appears to effect a number of rather independent measures. These measures, then, may be tapping different aspects of decision-making functioning while providing, where significant differences between the two groups were obtained, an indication of the greater relative efficiency and effectiveness of interaction of Group I as compared to Group II couples.

Limitations of the Present Study

One of the limitations of the present study was the relatively small number of couples involved. Perhaps with a larger number of subjects significant differences would have occurred in cases where non-significance was obtained. This limitation was at least partly a function of the difficulty encountered by the research project directed by Messé and Stollak (1976) (from which the present study drew its subjects) in obtaining suitable families willing to participate in the extensive series of tasks and activities involved in the project, and the necessity of obtaining intact families with children ranging in age only from 5 to 9 and divided as equally as possible between sexes for each of the groups. The difficulty in obtaining subjects precluded the possibility of comparing the two groups with a third consisting of parents of children rated as "average" or "normal."

The inclusion of this third group would have enabled a comparison of the interactional measures obtained with those of a "normal" group perhaps varying in its decision-making interaction from the other two groups, and helped to clarify in what way such variation was manifested in their interaction. Thus, do parents of "high competent" children interact with each other (and presumably with their children) in a manner different than parents of "normal" children, and if so how does this affect their relationship, the family's functioning and the child's emotional and behavioral make-up? Such a

comparison also would have enabled us to specify more precisely the nature of a possible training program to improve the interactional functioning of "problem" families, perhaps employing the "normal" family as a basis for comparison and rate of change. In any case, the inclusion of this third group may well have added much valuable information.

Further, the present study, in focusing on parental interaction and its presumed effects on child and family functioning, was limited to intact families. It may be that many of the more serious problems identified in schools and clinics occur in and at least partly as a function of the absence of a parent. Therefore, it may be necessary to extend the type of interactional research employed in the present study to such non-intact families. The present study was also limited in that it examined interaction cross-sectionally (i.e., at a given point in time) rather than longitudinally (i.e. over a period of time). A longitudinal approach might determine, for example, what interactional changes occur in family members over a course of time, such as how the couple's interaction changes prior and subsequent to the arrival of a child. The study also didn't compare the couple's own interaction to their interaction with the child. Such a comparison might have provided important additional information.

Finally, as previously indicated, the sessions in which the parents and their child participated were quite long, lasting 4-5 hours, and the tasks performed by the parents in the present study occurred near the end of that time period.

By that time, the parents often were tired and anticipating the end of the session, perhaps causing them not to involve themselves as thoroughly as they could have at that point, and perhaps tending to minimize potential conflict. However, it also might be the case that the length of time required by the parents to complete the entire session tended to make them more irritable and to produce greater conflict. It seems most likely, though, that it was the neutral nature of the decision-making tasks, as indicated previously, that tended to minimize conflict.

Current Research Trends

It may be said that, generally, parents of "high competent" teacher-rated children (Group I) were more efficient and effective in their decision-making interaction than were parents of teacher-rated "low competent" and clinic-referred children (Group II). This focus of the present study on (couple decision-making) interaction measurement and its results which indicate significant interactional differences between the two groups examined are both a reflection of current research trends, especially involving families and other groups, and at the same time an indication of the need to explore further the relevant processes and variables in this area.

Rausch, Barry, Hertel and Swain (1974), for example, have studied interactions of married couples in conflict-laden contexts using an improvisational technique wherein sample husband and wife teams acted out scenes designed to produce a

conflict of interests. They found that in interaction and communication the couple constituted a unit, sharing even the formal aspects of communication styles. Moreover, the couples maintained characteristic styles of interaction across several phases of marriage.

Another example of recent research involving family interaction is that of Jacob and Davis (1973), who have investigated family interaction as a function of experimental task. While they note some interactional stability across tasks they employed, Jacob and Davis (1973) also point out the need in this area for research directed toward the identification and description of interactional contexts associated with different patterns of family behavior; and, they stress the need for specification of task dimensions that serve to operationalize such contextual difference and to elicit the associated pattern of interaction, in an attempt to determine what tasks elicit what types of interaction patterns as assessed by what measurement procedures.

A good deal of research also is continuing to be based on a general systems model of family interaction. Thus, for example, Hubbell et al. (1974), referred to previously, note the development and maintenance of patterns of communication among family members, patterns that make up the family communication system. From an early age, according to Hubbell et al. (1974), children participate in their respective family systems and alter those systems somewhat by their very presence as well as by their behavior.

They found, for example, differences in language usage between triads including older siblings and those including younger siblings. Thus, as the child develops more language skill, the parents adjust their language usage with him/her, taking advantage of his/her greater language skill and at the same time encouraging further development in the child. Language development therefore may be considered an example of what Buckley (1967) has called morphogenesis, that is, a process related to change in a system.

Finally, as part of the current research project headed by Messé and Stollak, Larsen (1975) attempted to determine whether a person's "perceptual bias" (i.e. differential sensitivity to children's positive and negative behaviors) would influence how the perceiver behaves towards another (adult) person (in interaction). It was expected that the "perceptual style" of a perceiver would have important interpersonal consequences in adult dyadic relations, that is, that in a "revealed differences" conflict situation dyadic interaction would be affected differentially by the presence of a negative, balanced or positive behavior perceiver. Larson (1975) found that, generally, subjects with a positive behavior perceptual bias had difficulty dealing with an interpersonal situation in which persons must confront each other and deal openly with matters about which they disagree. Negative behavior perceivers appeared better able to handle this type of situation but seemed to do so, for example, via sarcasm, and were likely to spend their time in disagreement without moving toward compromise.

On the other hand, balanced (or accurate) behavior perceivers appeared to handle such situations best, at least in terms of the feelings of the participants and the amount of time spent in moving toward agreement and compromise. The results were based on dyads composed of strangers who interacted together within a rather mild confrontational framework for only thirty minutes. Despite minimal emotional commitment, there were meaningful differences in terms of "perceptual style," differences that may be more striking when intimate relationships, for example, in marriage and family life, are involved. This latter possibility is currently being tested by Mease and Stollak in their research project examining the "perceptual style" of families with young children.

Implications for Future Research

The present study has demonstrated that there are significant differences in couples' interaction between the two groups involved, parents of teacher-rated "high competent" children (Group I) and parents of teacher-rated "low competent" and clinic-referred children (Group II). It also, perhaps, has demonstrated the efficacy and importance of interaction study as a research tool in investigating family, dyadic and other group functioning and dysfunctioning. The method employed in the present study, for example, is relatively clear and precise, and tends to de-emphasize subjectivity and vagueness of interpretation, which perhaps most contributes to its effectiveness in research.

Various implications for future research are suggested by the results obtained in the present study. On the one hand, for example, the finding of higher spontaneous agreement for Group I couples suggests the possibility that they have had since the beginning of their relationship more similar attitudes, values, etc., than Group II couples. Research, then, may identify spontaneous agreement for the couple as a dyad prior to their becoming parents and its relationship to later marital and parental stresses and difficulties, and use the information obtained as part of a training program implemented with the goal of more effective parenting and relating together as a couple.

Further, research may attempt to determine whether and how such "handicaps as greater silence, less information exchange, lower choice fulfillment and more "chaotic" choices are actually transmitted to the child and, if so, how this specifically affects the child's subsequent "disturbance." Also, the finding of Ferreira (1963) that, in his study of family decision-making, the child in abnormal families appeared to exchange somewhat more information than his parents, perhaps indicates that it takes time for pathology to be fully transmitted from one generation to the next. Research, then, might attempt to measure such variables as information exchange and silence at different stages in the couple's and family's development, to determine if and how such variables undergo change over the course of time. While such a variable as relative usage of silence may be considered a stable

interactional characteristic of the family or couple, the effects of such inefficiency may be increasingly disruptive to the family's functioning over time, tending to promote still further pathological interaction.

In terms of interruptions and simultaneous speech, as was previously indicated, studies investigating these variables in family interaction have typically used relatively non-neutral, conflict-inducing tasks, whereas the tasks in the present study were neutral and non-threatening. Research needs to determine more specifically and precisely how the nature of the task involved in such interaction measurement affects the results obtained. It may prove necessary to define any given measure employed relative to the task(s) to which they are applied rather than independently of these tasks.

We also need to determine, for example, in terms of length of and number of times spoken, whether and how equality of participation in decision-making, that is, the relative equality of one spouse or another in certain areas, applies to pathological, normal or "high competent" families, and whether and how such indices are undergoing change. Thus, where previous studies have shown relatively conventional "strong male-weak female" models defined positively for non-clinic families, present or future studies may find indices of greater relative "dominance" by mothers in light of women's changing social roles. Such studies would also need to account for the nature and definitions of the variables interpreted as representing

dominance and conflict, and the characteristics of the families and parents being investigated.

In terms of the "I-WE" ratio previously discussed, the possibility arises that an important determinant of the preponderance of "I's" spoken for both groups studied lies in cultural and environmental factors outside the family which have tended to de-emphasize mutuality and collectivity of communicative interaction in favor of greater egocentricity. It may be useful, in this regard, to make cross-cultural comparisons of "I-WE" usage, comparisons of different ethnic groups or of individuals raised in more collective (e.g., day care) settings as opposed to these who have not had that type of preschool background.

Finally, in terms of communication of "acceptance," and its relative absence in spontaneous interaction, we can speculate as to the effectiveness and impact of a hypothetical training program designed to implement the principles of such communication among a wide population. Such training, on a limited scale, has already been demonstrated by research (e.g., Linden and Stollak, 1969; Stollak et al, 1975) to be feasible. It might be part of a coordinated strategy involving treatment of the child with identified pathology as well as the family, emphasizing the connections between the child's difficulties and the parental and family involvement in them.

One of the difficulties encountered in the present study was, again, the relatively small number of subjects

involved. Similar research involving a greater number of subjects might provide greater significance of obtained measures and might include a third group of parents of "average" or "normal" children. It might also prove necessary to investigate decision-making (and other) interaction using non-intact families, for whom the interactional deficiencies and ineffectiveness may be greater than in the intact "problem" families investigated in the present study.

Finally, future research might compare the couple's own interaction to their interaction with the child present, in an attempt to determine what types of differences occur between the two situations. It might also attempt to examine such interaction longitudinally as well as cross-sectionally in order to determine, for example, how a couple's interaction changes prior to and subsequent to the arrival of a child in the family.

Current research trends such as those previously discussed indicate the need to explore further variables such as interaction process and change over time. Thus, for example, Hubbell's (1974) research points out the need to study differences in family interaction with the child's development and increasing language skills. In any case, such differences might be affected by the couple's (or family's) perception of the task involved. Thus, Winter et al. (1973) indicate that "normal" couples may view a decision-making task as more of an intellectual problem solving task than do "abnormal" couples; and, Jacob and Davis (1973) note the need to identify and

describe interactional contexts and tasks associated with different patterns of family behavior.

Implications for Practice

The present study has extended previous findings of greater interactional inefficiency and ineffectiveness of clinic versus non-clinic families by focusing on the parental dyad as a potential source of that dysfunctioning and by including a group of parents of "high competent" rated children. We perhaps may begin now to detect in many instances an important source of children's pathology in the disturbances in parental interaction or, conversely, a source of high child self-esteem and competence. We may speculate that such interaction preceded the child's arrival in the family and was characteristic of the couple from the beginning of their relationship and/or marriage to each other, with subsequent and significant bearing on the child's development.

If such is indeed the case, then perhaps we can begin to develop another strategy concerning child behavioral and emotional pathology and its relationship to the family. Within the last two decades many theorists and therapists have emphasized the connections between the child's identified problems and the relationship of the parents to them, and have involved the parents and the entire family in treatment programs (e.g., Haley, 1963; Satir, 1967). Such programs, for example, emphasize and focus on how the needs of one family member or another are not being attended to or heeded, how

the various family members are not communicating clearly their needs, wishes and desires to each other, and how each is approaching a problem from only his/her own perspective without appreciating the perspective of the other. And, they attempt to demonstrate to family members how their communication can be more clear and precise and their interactional outcomes more effective and satisfying.

Another strategy, not extensively explored, assumes that at least a part of the basis of later child and family dysfunctions lies in disturbances in couple's interaction prior to their having children. We thus may begin to focus on implementing a widespread preventive training program involving engaged or newly married couples and/or prospective parents. Such a program would aim to convey the understanding, acceptance and practice in these couples of means of effective interaction as referred to above, and would include training in principles of communication of "acceptance," which the present study and other studies (e.g., Linden and Stollak, 1969) demonstrate is not present in spontaneous interaction but which may well be a key variable in producing therapeutic change or optimal growth.

The program would make the assumption that improvement in effectiveness of communicative interaction may not only enhance the harmony and satisfaction of the marital relationship, but also may lessen the possibility of subsequent incidence of child and family dysfunctions. Such a program thereby

may ease the burden of mental health treatment centers to whom such problems might later be referred. The use of interaction research perhaps could greatly contribute to such an emphasis on prevention, as well as providing a valuable tool in the diagnosis and treatment of already existing difficulties.

V. CONCLUSION

The present study--whose perspective is congruent with current research and theoretical trends that focus on family interaction--has extended previous research findings by examining the extent to which the dyadic interaction of spouses is a potential source of child and family dysfunctioning. By relating such interaction to ratings of the child's competence, it has supported the position that spouse communication patterns are similar to and reflections of parent-child communication patterns that may have a significant impact on the child's developing sense of competence and self-esteem.

Given the findings of this and past research, it may be reasonable to assume that "disturbances" in a couple's interaction indeed are an important source and/or reflection of child and family pathology. And, it may be possible to predict, as previously discussed, future child and family dysfunctioning on the basis of studying the interaction of engaged or newlywed couples. If so, we could begin to devise training programs designed to allow such couples to engage in more effective and efficient communications that would enable them, in turn, to participate more constructively in their child's future psychological development.

APPENDICES

APPENDIX A

TABLE 6. Additional Family Information

		# of Siblings	Education		Occupation		Age	
			Mother	Father	Mother	Father	Mother	Father
Male Child	1.	1	College grad.	Ph.D.	housewife	engineer	30	30
	2.	2	College grad.	College grad.	nurse	data proc.	38	40
	3.	1	H.S. grad.	2 yrs. coll.	housewife	typesetter	32	35
	4.	0	H.S. grad.	H.S. grad.	secretary	state empl.	33	26
	5.	1	H.S. grad.	H.S. grad.	housewife	bank empl.	43	46
	6.	1	2 yrs. coll.	H.S. grad.	recept- ionist	school admin.	31	32
	7.	1	H.S. grad.	Coll. grad.	housewife	pharmacist	28	27
	8.	1	1 yr. coll.	3 yrs. coll.	nursery aide	manager	28	28
	9.	2	1 yr. coll.	M.A.	housewife	teacher	34	35
	10.	0	coll. grad.	coll. grad.	system rep.	advert. manager	29	30
	11.	1	H.S. grad.	Ph.D.	secretary	prof.	31	34
Female Child	1.	4	1 yr. coll.	2 yrs. coll.	housewife	pattern	50	50
	2.	1	4 yrs. coll.	3 yrs. coll.	nursing student	contractor	31	31
	3.	4	H.S. grad.	H.S. grad.	housewife	mechanic	46	49
	4.	0	3 yrs. coll.	3 yrs. coll.	secretary	postal clerk	28	34
	5.	1	H.S. grad.	H.S. grad.	bookkeeper	welder	27	29
	6.	0	M.A.	3 yrs. coll.	teacher	personnel clerk	39	39
	7.	3	1 yr. coll.	H.S. grad.	day care	draftsman	28	29
	8.	1	coll. grad.	M.A.	housewife	personnel training	31	32
	9.	1	2 yrs. coll.	3 yrs. coll.	housewife	electrician	30	29

TABLE 6. (Continued . . .)

		# of Siblings	Education		Occupation		age	
			Mother	Father	Mother	Father	Mother	Father
Male Child Group II	1.	2	1 yr. coll.	2 yrs. coll.	housewife	salesman	31	33
	2.	1	M.A.	M.A.	housewife	student	28	28
	3.	2	H.S. grad.	H.S. grad.	typist	press operator	25	25
	4.	3	H.S. grad.	coll. grad.	housewife	sanitation	37	38
	5.	1	H.S. grad.	2 yrs. coll.	housewife	army	28	29
	6.	1	coll. grad.	coll. grad.	teacher	engineer	32	45
	7.	3	H.S. grad.	3 yrs. H.S.	housewife	truck driver	29	33
	8.	0	H.S. grad.	8th grade	secretary	groundsman	21	26
	9.	2	2 yrs. coll.	Ph.D.	housewife	professor	33	50
Female Child	1.	1	H.S. grad.	H.S. grad.	housewife	auto worker	27	34
	2.	3	3 yrs. H.S.	H.S. grad.	housewife	lithographer	29	29
	3.	2	3 yrs. coll.	law grad.	housewife	attorney	33	34
	4.	1	3 yrs. H.S.	H.S. grad.	housewife	steel worker	25	25
	5.	2	3 yrs. coll.	coll. grad.	housewife	minister	33	33
	6.	2	3 yrs. coll.	M.A.	nurse	psychologist	35	32

TABLE 7. Correlations Between Categories

Category	S.A. ^a	D.T.	C.F. ^a	C.C. ^a	I.E. ^a	Sil. ^a	Int.	S.Sp.	# Times	Length Time	I's	We's	C. of A.
S.A. ^a	1.00	.11	.29 ^b	-.18 ^b	.04 ^b	.01 ^b	.03	-.31	.13	.16	.14	-.06	.03
D.T.		1.00	.03	.00	.26	.10	-.06	.17	.26	.29	.61 ^{**}	.31	-.08
C.F. ^a			1.00	-.65 ^{**}	.12 ^b	.03 ^b	.32	-.15	-.02	-.10	-.03	-.12	.18
C.C. ^a				1.00	.05 ^b	.07 ^b	-.10	.26	.11	.05	.38 ^{**}	.23	-.20
I.E. ^a					1.00	-.24 ^b	.27	.03	.41 [*]	.63 ^{**}	.40 [*]	.46 ^{**}	.16
Sil. ^a						1.00	-.01	-.15	-.20	-.71 ^{**}	-.24	-.24	-.08
Int.							1.00	-.01	.19	.42 [*]	.26	.13	.14
S.Sp.								1.00	.31	.34 [*]	.33	.27	-.01
# Times									1.00	.53 ^{**}	.51 ^{**}	.25	.04
Length Time										1.00	.57 ^{**}	.51 ^{**}	.13
I's											1.00	.49 ^{**}	.01
We's												1.00	-.04
C. of A.													1.00

* : p.< .05

** : p.< .01

a : Variable that demonstrated a significant difference as a function couple type.

b : Correlation coefficient between variables that demonstrated a significant difference as a function of couple type.

TABLE 8. Means and Standard Deviations of Scores for Group I (Parents of "High Competent" Children: A₁) and Group II (Parents of "Low Competent" and Clinic-Referred Children: A₂) By Sex of Child (Male: B₁; Female: B₂) For Categories Where Husband and Wife Scores Were Jointly Obtained.

Category		Mean ^{B₁} S.D.		Mean ^{B₂} S.D.	
Spontaneous Agreement	A ₁	1.36	1.07	1.22	.63
	A ₂	.67	.66	.67	.47
Chaotic Responses	A ₁	.73	.75	1.11	.88
	A ₂	1.89	1.10	1.50	.96
Decision Time (seconds)	A ₁	1005.27	214.9	897.22	246.2
	A ₂	834.38	281.6	1009.83	230.1
Simultaneous Speech	A ₁	5.45	1.93	5.61	2.30
	A ₂	6.25	2.43	6.08	2.06
Silence (%)	A ₁	43.86	14.92	36.02	17.29
	A ₂	57.35	10.62	48.23	13.26

TABLE 9. Means and Standard Deviations of Scores for Group I (Parents of "High Competent" Children: A_1) and Group II (Parents of "Low Competent" and "Clinic-Referred" Children: A_2) By Sex of Child (Male: B_1 ; Female: B_2) for Categories Where Separate Husband (C_1) and Wife (C_2) Scores Were Obtained.

Category		Mean C_1	S.D.	Mean C_2	S.D.
"I's" Spoken	B_1	35.36	16.14	47.41	19.13
	$A_1 B_2$	38.22	19.21	46.22	17.09
	B_1	36.50	29.55	41.44	25.21
	$A_2 B_2$	48.83	15.77	47.58	22.80
"WE's" Spoken	B_1	9.86	11.61	8.05	4.60
	$A_1 B_2$	8.33	8.81	9.56	7.37
	B_1	4.31	3.40	8.88	8.03
	$A_2 B_2$	9.25	4.79	7.83	5.75
Interruptions	B_1	3.82	2.54	3.27	1.85
	$A_1 B_2$	4.00	3.14	3.56	2.13
	B_1	3.25	2.18	2.83	1.15
	$A_2 B_2$				
Information Exchanged	B_1	54.41	17.67	56.50	17.81
	$A_1 B_2$	56.72	14.25	57.33	14.06
	B_1	34.50	11.26	39.25	10.73
	$A_2 B_2$	53.42	16.89	53.17	16.93
Length of Time Spoken	B_1	280.73	91.26	264.45	88.17
	$A_1 B_2$	263.94	74.53	282.54	79.89
	B_1	170.31	91.37	176.50	78.35
	$A_2 B_2$	271.92	100.69	277.25	140.56

TABLE 9. (Continued . . .)

Category		Mean ^{C₁}	S.D.	Mean ^{C₂}	S.D.
Number of Times Spoken	B ₁	97.18	28.73	93.01	25.85
	A ₁ B ₂	92.89	21.61	92.00	24.60
	B ₁	86.25	37.99	91.00	39.64
	A ₂ B ₂	106.67	37.90	106.33	31.31
Choice Fulfill- ment	B ₁	3.36	.98	2.91	1.38
	A ₁ B ₂	2.89	.87	2.67	1.05
	B ₁	2.33	.95	2.22	.79
	A ₂ B ₂	2.67	1.10	2.00	.82
Communi- cation of Accept- ance	B ₁	3.01	.03	3.02	.03
	A ₁ B ₂	3.01	.03	2.99	.06
	B ₁	3.01	.05	3.00	.05
	A ₂ B ₂	2.99	.07	3.00	.03

TABLE 10. Summary of Analysis of Variance From Data Collected For "Spontaneous Agreement" Category.

Source	SS	df	MS	F
A	3.20	1	3.20	4.63 (p.<.05)
B	.04	1	.04	.06
AB	.04	1	.04	.06
Within cell	21.44	31	.69	

TABLE 11. Summary of Analysis of Variance From Data Collected For "Decision Time" Category.

Source	SS	df	MS	F
A	17491.95	1	17491.95	.26
B	10131.78	1	10131.78	.15
AB	19977.30	1	19977.30	.30
Within cell	2006260.40	30	66875.35	

TABLE 12. Summary of Analysis of Variance From Data Collected For "Chaotic Responses" Category.

Source	SS	df	MS	F
A	5.00	1	5.00	5.27 (p.<.05)
B	.001	1	.001	.001
AB	1.23	1	1.23	1.30
Within cell	29.46	31	.95	

TABLE 13. Summary of Analysis of Variance From Data Collected for "Silence" Category.

Source	SS	df	MS	F
A	133667.94	1	133667.94	5.67 (p.<.05)
B	58218.89	1	58218.89	2.47
AB	329.71	1	329.71	.01
Within cell	707051.03	30	23568.37	

TABLE 14. Summary of Analysis of Variance From Data Collected for "Simultaneous Speech" Category.

Source	SS	df	MS	F
A	3.32	1	3.32	.62
B	.08	1	.08	.02
AB	.08	1	.08	.02
Within cell	159.83	30	5.33	

TABLE 15. Summary of Analysis of Variance From Data Collected for "Choice Fulfillment" Category.

Source	SS	df	MS	F
A	7.08	1	7.08	4.88 (p.<.05)
B	.38	1	.38	.26
AB	.72	1	.72	.49
Error I	44.98	31	1.45	
C	2.20	1	2.20	1.79
AC	.01	1	.01	.01
BC	.11	1	.11	.09
ABC	.40	1	.40	.32
Error II	38.25	31	1.23	

TABLE 16. Summary of Analysis of Variance From Data Collected for "Information Exchanged" Category.

Source	SS	df	MS	F
A	2015.08	1	2015.08	4.21 (p.<.05)
B	1310.26	1	1310.26	2.74
AB	892.78	1	892.78	1.87
Error I	14358.68	30	478.62	
C	52.47	1	52.47	1.09
AC	3.27	1	3.27	.07
BC	42.49	1	42.49	.89
ABC	12.55	1	12.55	.26
Error II	1439.32	30	47.98	

TABLE 17. Summary of Analysis of Variance From Data Collected for "Interruptions" Category.

Source	SS	df	MS	F
A	.83	1	.83	.10
B	4.28	1	4.28	.54
AB	1.28	1	1.28	.16
Error I	239.67	30	7.99	
C	2.02	1	2.02	.48
AC	.32	1	.32	.08
BC	.28	1	.28	.07
ABC	.11	1	.11	.03
Error II	125.41	30	4.18	

TABLE 18. Summary of Analysis of Variance From Data Collected for "Number of Times Spoken" Category.

Source	SS	df	MS	F
A	230.40	1	230.40	.11
B	933.26	1	933.26	.45
AB	1712.52	1	1712.52	.83
Error I	61975.80	30	2065.86	
C	.32	1	.32	.003
AC	89.22	1	89.22	.98
BC	3.56	1	3.56	.04
ABC	69.72	1	69.72	.77
Error II	2725.80	30	90.86	

TABLE 19. Summary of Analysis of Variance From Data Collected for "Length of Time Spoken" Category.

Source	SS	df	MS	F
A	38913.37	1	38913.37	2.61
B	42145.29	1	42145.29	2.83
AB	40752.85	1	40752.85	2.73
Error I	447523.50	30	14917.45	
C	205.10	1	205.10	.04
AC	78.70	1	78.70	.02
BC	1199.33	1	1199.33	.25
ABC	1321.43	1	1321.43	.28
Error II	144188.00	30	4806.27	

TABLE 20. Summary of Analysis of Variance From Data Collected for "Number of 'I's' Spoken" Category.

Source	SS	df	MS	F
A	112.33	1	112.33	.14
B	410.54	1	410.54	.52
AB	224.93	1	224.93	.29
Error I	23493.17	30	783.11	
C	570.43	1	570.43	2.83
AC	210.16	1	210.16	1.04
BC	106.12	1	106.12	.53
ABC	65.38	1	65.38	.32
Error II	6044.18	30	201.47	

TABLE 21. Summary of Analysis of Variance From Data Collected for "Number of 'WE's' Spoken" Category.

Source	SS	df	MS	F
A	30.91	1	30.91	.40
B	15.21	1	15.21	.20
AB	15.50	1	15.50	.20
Error I	2322.49	30	77.42	
C	6.58	1	6.58	.13
AC	14.16	1	14.16	.28
BC	8.74	1	8.74	.17
ABC	82.35	1	82.35	1.62
Error II	1525.06	30	50.84	

TABLE 22. Summary of Analysis of Variance From Data Collected for "Communication of Acceptance" Category.

Source	SS	df	MS	F
A	.00017	1	.00017	.04
B	.00331	1	.00331	.81
AB	.00019	1	.00019	.05
Error I	.12340	30	.00411	
C	.00005	1	.00005	.06
AC	.00002	1	.00002	.03
BC	.00068	1	.00068	.85
ABC	.00197	1	.00197	2.46
Error II	.02410	30	.00080	

APPENDIX B

Pupil Behavior Rating Scale

Teacher Name: _____

School: _____

Grade: _____

Date: _____

INSTRUCTIONS TO TEACHER

Please rate all of the children (boys and girls) in your class as "most like" to "least like" the pupil described on each of the following pages.

For each description we are asking you to first list the names of the three children (boys and/or girls) "most like", and the three children (boys and/or girls) "least like" the pupil described on that page, in the appropriate boxes. If you genuinely feel none or only one or two of the children in your class are "most like" the pupil described on that page, feel free to leave it blank or write in the number of names you feel accurately reflects your perceptions. Then, please, list the names of the five children "next most like" and the five children "next least like" the described pupil, in their boxes. Finally, please list the names of the remaining children in your class in the middle box of that page using as many lines as needed.

Although we expect that one or more children will be rated as "most like" or "least like" the described pupil on two or more pages it is not expected that a particular child will be rated as "most like" or "least like" the described pupil on every page or that only boys or only girls will or have to be

chosen as "most like" or "least like" the described pupil. That is, it is possible for a particular boy or girl to be "most like" the described pupil on one, two, or three pages, "least like" the described pupil on another page, and "next most like" the described pupil on another page.

Please complete all pages.

We would like to thank you for your time and effort in completing this rating form.

REMAINING CHILDREN		THE CHILDREN MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT LEAST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN LEAST LIKE THE PUPIL DESCRIBED BELOW.	
1.	_____	1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____		
5.	_____	5.	_____	5.	_____				
6.	_____								
7.	_____								
8.	_____								
9.	_____								
10.	_____								
11.	_____								
12.	_____								
13.	_____								
14.	_____								
15.	_____								

"THIS PUPIL IS IMMATURE, AND CRIES EASILY."

REMAINING CHILDREN		THE CHILDREN MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT LEAST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN LEAST LIKE THE PUPIL DESCRIBED BELOW.	
1.	_____	1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____		
5.	_____	5.	_____	5.	_____	5.	_____		
6.	_____								
7.	_____								
8.	_____								
9.	_____								
10.	_____								
11.	_____								
12.	_____								
13.	_____								
14.	_____								
15.	_____								

"THIS PUPIL SPENDS MUCH OF THE TIME IN SCHOOL ALONE AND QUIET, ACTIVELY AVOIDING WORKING OR PLAYING WITH OTHER PUPILS."

REMAINING CHILDREN		THE CHILDREN MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT LEAST LIKE THE PUPIL LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN LEAST LEAST LIKE THE PUPIL LIKE THE PUPIL DESCRIBED BELOW.	
1.	_____	1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____		
5.	_____	5.	_____	5.	_____				
6.	_____								
7.	_____								
8.	_____								
9.	_____								
10.	_____								
11.	_____								
12.	_____								
13.	_____								
14.	_____								
15.	_____								

"THIS PUPIL ACTIVELY GOES AGAINST MY REQUESTS AND SCHOOL RULES."

REMAINING CHILDREN		THE CHILDREN MOST LIKE THE PUPIL DESCRIBED BELOW.	THE CHILDREN NEXT MOST LIKE THE PUPIL DESCRIBED BELOW.	THE CHILDREN NEXT LEAST LIKE THE PUPIL DESCRIBED BELOW.	THE CHILDREN LEAST LIKE THE PUPIL DESCRIBED BELOW.
1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____	
5. _____	5. _____	5. _____	5. _____	5. _____	
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
11. _____					
12. _____					
13. _____					
14. _____					
15. _____					

"THIS PUPIL MAKES UNUSUAL OR INAPPROPRIATE RESPONSES DURING NORMAL SCHOOL ACTIVITIES."

REMAINING CHILDREN		THE CHILDREN MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT MOST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN NEXT LEAST LIKE THE PUPIL DESCRIBED BELOW.		THE CHILDREN LEAST LIKE THE PUPIL DESCRIBED BELOW.	
1.	_____	1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____		
5.	_____	5.	_____	5.	_____	5.	_____		
6.	_____								
7.	_____								
8.	_____								
9.	_____								
10.	_____								
11.	_____								
12.	_____								
13.	_____								
14.	_____								
15.	_____								

"THIS PUPIL IS COMPETENT AND MATURE AT WORK, PLAY AND INTERPERSONAL RELATIONS AND IS EMOTIONALLY AND PSYCHOLOGICALLY HEALTHY."

Instructions for Testing Procedure
(for couple decision-making task)

The tester introduces the couples to the task at hand:
 "The following questionnaire contains a number of situations which, though they may not happen, you are to pretend are true and real. You are to indicate for each situation the three choices you like the most and the three you like the least in the spaces provided. For example, a question might be:

'You are going to be travelling. The months of the year you would most like to travel in are:

a) _____

b) _____

c) _____

The months of the year you would least like to travel in are:

a) _____

b) _____

c) _____

Once the couples understand the task ahead, they are taken to separate rooms where, in isolation from each other, they proceed to fill out the questionnaire. When they finish these individual tasks, they are brought back together again. Before they have a chance to talk to each other, they are informed that: "You have filled out the same questionnaire" and that "Your individual choices will remain confidential." Also, they are told that "the answers do not involve good-bad, right-wrong, or normal-abnormal choices, but simply show that different people have different likes and dislikes in a given situation."

After this, they are told that "your next task will be to fill out the same questionnaire again but this time together as a couple." They are given another copy of the questionnaire and it is explained that 'as a couple' means that "whatever you choose for each situation will apply to both of you. Again, assume that the situations described are true and real and that the two of you have to make the decisions together. You are to discuss the choices among yourselves and to indicate in the questionnaire for each situation the three choices that you as a couple like the most and the three choices that you as a couple like the least. Your discussion during this time will be tape recorded. Please be sure to complete all the questions. I will be outside. Let me know as soon as you are finished."

The couple is then left in the testing room deciding what they want and do not want if they were, as a couple, in the situations shown in the questionnaire. The door is closed and the tape recorder turned on with, again, their full knowledge that the discussion is being tape recorded. Also, their decision time is recorded by watch, i.e., the time in minutes spent by the couple to complete the joint questionnaire measured from the moment the tester leaves the room until the couple announces that the task has been completed. The task must be fully completed in order for decision time to be computed.

Questionnaire

For each situation, indicate the three choices you like the most and the three you like the least in the spaces provided. For example, a question might be:

You are going to be traveling. The months of the year you would most like to travel in are:

- a) May
- b) July
- c) September

The months of the year you would least like to travel in are:

- a) January
 - b) February
 - c) October
-
-

Please answer all of the following:

- 1) You are going out to a party this weekend. Famous people you would most want to meet there are:

- a) _____
- b) _____
- c) _____

Famous people you would least want to meet there are:

- a) _____
- b) _____
- c) _____

- 2) You are going out to dinner tomorrow night. The foods you would most want to eat are:

- a) _____
- b) _____
- c) _____

The foods you would least want to eat are:

- a) _____
- b) _____
- c) _____

- 3) You are going out to a movie this weekend. The movies (old or new) you would most want to see are:

- a) _____
- b) _____
- c) _____

The movies (old or new) you would least like to see are:

- a) _____
- b) _____
- c) _____

- 4) You are going to live in another country for a year. The countries you would most want to live in for a year are:

- a) _____
- b) _____
- c) _____

The countries you would least like to live in for a year are:

- a) _____
- b) _____
- c) _____

- 5) You are going out this afternoon. The activities you would most want to engage in this afternoon are:

- a) _____
- b) _____
- c) _____

The activities you would least want to engage in this afternoon are:

- a) _____
- b) _____
- c) _____

- 6) You are going to get a magazine subscription. The magazines you would most want to subscribe to are:

- a) _____
- b) _____
- c) _____

The magazines you would least want to subscribe to are:

- a) _____
- b) _____
- c) _____

- 7) You have been given \$1000 to spend. The things you would most like to spend the money on are:

- a) _____
- b) _____
- c) _____

The things you would least like to spend the money on are:

- a) _____
- b) _____
- c) _____

Communication of Acceptance Rating Scale

The scale ranges from a high rating of "one" to a low rating of "five." Each point on the scale is followed by typical responses for that point.

1. Verbal Recognition and Acceptance of Feelings: Examples: You're proud of how you did that; That makes you feel good; That made you angry; You feel better already; You're enjoying that.

2. Verbal Recognition and Acceptance of Behavior Only. Examples: You get it that time; You really hit him; You're getting a workout; You're standing up again; You're smoking another cigarette.

3. Special Conversation or No Conversation: Examples: She's been away most of the summer. These are nice curtains; I'm not good at doing dishes; The weather is really nice today.

4. Slight or Moderate Verbal Criticism Stated or Strongly Implied: Examples: That's cheating; You'll ruin it; That's not fair; You'll have to be more careful; No, not that way; Watch what you're doing.

5. Verbal Criticism: Argumentative, "Preaching " Openly Rejecting Feelings of Behavior, Abusive Language: It's not nice to feel that way; You're nasty; I'm talking to a dope; You're not so hot yourself; You see, I told you to do it the other way.

Coding

Name _____

Tape _____

- (1) Decision Time: Total: _____
- (2) Silence: % of Decision Time: _____

Husband	Wife
(3) <u>Information Exchanged</u>: (4) <u>No. of Interruptions</u>:	
(5) <u>Freq. of Simultaneous Speech</u>:	
(6) <u>No. of Times Spoken</u> (7) <u>Length of Time Spoken</u> (8) <u>Number of I's Spoken</u> (9) <u>Number of We's Spoken</u>	

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